•								Application or Docket Number					
	PATENT	APPLICATIO Effect	ON FEE D	RD	04/152075								
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	MTITY	OR	OTHER		
TOTAL CLAIMS			23.				ſ	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			23minus 20=		• 2			X\$ 9=		OR	X\$18=	54·D	
INDEPENDENT CLAIMS					0-			X40=		OR	X80=	374	
MI	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=	<u> </u>		+270=		
*If the difference in column 1 is less than zero, enter "0" in column 2							' [OR			
OLANIC AC AMENDED DADTIL								TOTAL	L	OR	•	76402	
l	18/04	(Column 1)	wenuel	3 - PAH (Colui		(Column 3)		SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 42	Minus	- 3	3	- 19		X\$ 9=		OR	X\$18=	2/2	
	independent	· 4	Minus	***	7	- /		X40=	•	OR	X80=	88	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 	+135=			+270=		
							L	+135=		OR	YOYAL		
								DOIT. FEE		OR	ADDIT. FEE		
	•	(Column 1)		(Colui		(Column 3)	1 -			1. í		1001	
		REMAINING AFTER AMENDMENT		NUM PREVK PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT B	Total	· 21	Minus	- 27	3	•	П	X\$ 9=		OR	X\$18=	•	
	Independent	3 -	Minus	*** 3	?	• /		X40=		OR	X80= ·		
_	PIRST PRESE	NTATION OF MU	JETIPLE DEF	PENDENT	CLAIM		•	+135= -	·	OR	+270=		
	marks :				_	•	L	TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)											novi i, FEE		
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT	Total	·	Minus	**		=	╽┟	X\$ 9=	FEE	OR	X\$18=	FEE ;	
KE	Independent	•	Minus	***		8	$\ \cdot\ $	X40=			X80=		
⋖	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDÈNI	CLAIM		-	A403		OR	A00=		
* If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.										OR	+270=		
"If the entry in column 1 is less than the entry in column 2, write "of in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE													
		mber Previously Pa ber Previously Pat					e four	nd in the ac	propriate box	th col	lumn 1.		

FORM PTO-675 . (Rev. 8/00)